PTO/SB/22 (01-08)
Approved for use through 01/31/2008. OMB 0651-0031
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PETI	TION FOR EXTENSION OF TIME UNDER :	Docket Number (Optional)									
(Fed	FY 2008 spursuant to the Consolidated Appropriations Act,	42597-193226									
	cation Number 10/714,449 – Conf	Filed November 17, 2003									
For METHOD TO INDUCE NEOVASCULAR FORMATION AND TISSUE REGENERATION											
Art U	nit 1633		Examiner	S. Kaushal							
This is	s a request under the provisions of 37 CFR 1.136 ation.	(a) to extend the peri	od for filing a reply in t	he above identified							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):											
		<u>Fee</u>	Small Entity Fee								
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$							
	x Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ 230.00							
	Thrée months (37 CFR 1.17(a)(3))	\$1050	\$525	\$							
	Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$							
	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$							
х	Applicant claims small entity status. See 37 (CFR 1.27									
A check in the amount of the fee is enclosed.											
 											
Payment by credit card. Form PTO-2038 is attached.											
	The Director has already been authorized to charge fees in this application to a Deposit Account.										
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261 I have enclosed a duplicate copy of this sheet.											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
Ιa	m the applicant/inventor.										
	assignee of record of the entire Statement under 37 CFR										
	attorney or agent of record. Re	gistration Number	44,014								
	attorney or agent under 37 CFR	R 1.34.									
	Registration number if acting u	nder 37 CFR 1.34									
_	None Andre	March 5, 2008									
_	Signature	Date									
_	Nancy J. Axelrod, Ph.D.	(202) 344-4000									
	Typed or printed name	Telepho	ne Number								
NO than	TE: Signatures of all the inventors or assignees of record of the one signature is required, see below.	entire interest or their repre	sentative(s) are required. Su	ibmit multiple forms if more							
	Total of forms are subn	nitted.									

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fffe		Complete if Known										
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				lication Nun	10/714,449- C	714,449- Conf. # 9366 rember 17, 2003						
				g Date	November 17, 2							
Fo	First	First Named Inventor Lag		Laguens	uens							
	— Exa	niner Name	S. Kaushal	Kaushal								
X Applicant claims sn	Art (Jnit	1633	33								
TOTAL AMOUNT OF P	Atto	ney Docket	No.	42597-193226								
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION												
1. BASIC FILING, SEAR	CH, AND EXAM	INATION FEES										
			SEARCH		EXAMI	NATION FEES						
Application Type	Fee (\$)	Small Entity Fee (\$) Fe	e (\$)	nall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)				
Utility	300		500	250	200	100						
Design	200	100 1	100	50	130	65						
Plant	200	100 3	300	150	160	80						
Reissue	300	150 5	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES	\$					•	0_0	Small Entity				
Fee Description				Fee (\$)	Fee (\$)							
Each claim over 20 (incl					50	25						
Each independent claim					200	100						
Multiple dependent clain							360	180				
			ee Paid ('aid (\$) Multipl			ele Dependent Claims					
51 - 97 = x =					Fe	<u>e (\$)</u> F	ee Paid (\$	7				
			ee Paid (
2 -7=	X X	<u>ee (\$) </u>	ee Falu (<u>" </u>								
HP = highest number of indep	pendent claims paid !	for, if greater than 3.										
3. APPLICATION SIZE F	EE											
If the specification and	drawings exceed	l 100 sheets of pa	per (exclu	ding electro	onically fil	led sequence or c	omputer					
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50												
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets												
4. OTHER FEE(S) Fees Paid (\$)												
Other (e.g., late filing		23	0.00									
SUBMITTED BY		Extension of										
-: I / / /	11. 1	11 1		ation No.	44,014	Telephone	(202) 3	// 816/				
(Attorney/Agent)							(202) 344-8164					
Name (Print/Type) Nancy	J. Axeirod, Ph.	υ. 				Date	March	5, 2008				